

**EARNED INCOME TAX CREDIT  
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)**  
Michigan Department of Human Services

Name of Agency	Date of Service
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**SECTION A — This section is to be completed by the applicant.**

Applicant	Case No. (if applicable)
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**If you are not pregnant or do not have children in your home, you do not qualify for TANF.**

**Question 1:** You must have at least one child living in your home, related by blood, marriage or adoption, who is under age 18 or 18 and attending high school full time.

☐ Yes   # Adults \_\_\_\_\_ # Children \_\_\_\_\_      ☐ If pregnant go to question 2

**Question 2:** My family is receiving the following assistance (Check all that apply. If you are not receiving any of these kinds of assistance, go to 3).

☐ Family Independence Program   ☐ Medicaid      ☐ WIC      ▶ If you did not check any program, go to 3.  
☐ Food Assistance      ☐ Child Care      ▶ If you checked any program, go to B.

**Question 3:** Circle your family size (from #1 above) on the chart and answer YES or NO to the question about your income. Income means the money you or other family members receive. Examples are: earnings before deductions, Social Security benefits, Supplemental Security Income, other disability benefits, unemployment benefits, pensions or other Retirement Benefits, Workers Compensation, Child Support, etc.

If Your Family Size Is	Is Your Monthly Income Less Than	Yes	No	If Your Family Size Is	Is Your Monthly Income Less Than	Yes	No
1	\$1,595			6	\$4,312		
2	\$2,138			7	\$4,855		
3	\$2,682			8	\$5,398		
4	\$3,225			9	\$5,942		
5	\$3,768			10	\$6,485		

**SECTION B — To the best of my knowledge, the information given above is accurate and complete.**

Signature of Applicant:	Date:
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**SECTION C — Determination of Eligibility — Completed by contractor, as specified in the contract.**

**Note:** This family is eligible for TANF funding if yes is checked in Question 1 and any box is checked in Question 2 or a Yes box is checked in Question 3.

Is this family eligible for the TANF funded services:

☐ Yes      ☐ No

Agency Contact Signature	
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<p>AUTHORITY: Soc. Sec. Act, Title IV, Part A. COMPLETION: Voluntary PENALTY: No TANF Services</p>	<p>To file a complaint of discrimination, contact USDA or HHS. Write USDA Office of Civil Rights, 300 7<sup>th</sup> St. SW, Suite 400, Washington D.C. 20024-2501 or call (866) 632-9992 (toll free) or (202) 401-0216 (TDD). Write HHS, Director, Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave.-Suite 240, Chicago, IL 60601 or call (800) 368-1019 (toll free); (800) 537-7697 (TDD). USDA and HHS are equal opportunity providers and employers."</p>